



1631
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Docket No. 2000-039RCE
PATENT

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on 5-18-04

BY:

Suzanne Shadley
Suzanne Shadley

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Falcioni et al.

Serial No.: 09/840,003

Filed: 4/19/01

For: Combinatorial Parameter Space
Experiment Design

Confirmation No. 3082

Group Art Unit: 1631

Examiner: Allen, Marianne P.

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER

Sir:

Transmitted herewith (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Preliminary Amendment | <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement |
| <input type="checkbox"/> Response/Amendment A | <input type="checkbox"/> Petition Under 37 CFR 1.97(d)(2) |
| <input type="checkbox"/> Response/Amendment After Final | <input type="checkbox"/> Formal Drawings |
| <input type="checkbox"/> Supplemental Amendment | <input type="checkbox"/> Declaration Under 37 CFR 1.131 |
| <input type="checkbox"/> Affidavits/Declarations | <input type="checkbox"/> Declaration Under 37 CFR 1.132 |
| <input type="checkbox"/> Declaration and Power of Attorney | <input type="checkbox"/> Terminal Disclaimer |
| <input type="checkbox"/> Supplemental Declaration | <input type="checkbox"/> Small Entity Statement |
| <input type="checkbox"/> Power of Attorney | <input type="checkbox"/> Request for Refund |
| <input type="checkbox"/> Change of Correspondence Address | <input type="checkbox"/> Appeal |
| <input type="checkbox"/> Associate Power of Attorney | <input type="checkbox"/> Request For Continued Examination |
| <input type="checkbox"/> Response to Missing Parts | <input type="checkbox"/> Status Letter |

to be filed in the above-identified patent application.

☒ No fee is required.

☒ The Commissioner is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to Deposit Account No. 50-0496.

A duplicate copy of this Transmittal Letter is transmitted herewith.

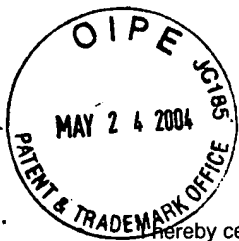
Respectfully submitted,



Timothy A. Porter
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Date: 5/18/04


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Examiner: Allen, M.

Santa Clara, California
May 18, 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

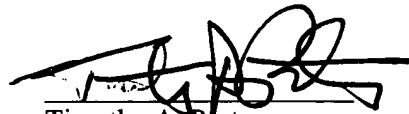
Sir:

Applicant requests that the references cited herein be considered in connection with the examination of this application. The references are listed on the attached PTO-1449 form.

Copies of the references are enclosed.

Applicant believes that no fee is required for submission of this statement. If a fee is required, the Commissioner is authorized to deduct such fee from Deposit Account No. 50-0496.

Respectfully submitted,



Timothy A. Porter
Registration No. 41,258
Attorney for Applicant

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Examiner: Initial if reference considered, whether or not citation is in conformance with M.P.E.P. 609; draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.